

KPDES FORM 1

AE: 2109

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION

This is an application to: (check one)

- ☐ Apply for a new permit.
☒ Apply for reissuance of expiring permit.
☐ Apply for a construction permit.
☐ Modify an existing permit.

Give reason for modification under Item II.A.

A complete application consists of this form and one of the following:

Form A, Form B, Form C, Form F, or Short Form C

For additional information contact:

KPDES Branch (502) 564-3410

I. FACILITY LOCATION AND CONTACT INFORMATION		AGENCY USE	0	0	4	4	3	4	2
A. Name of business, municipality, company, etc. requesting permit Louisville & Jefferson County Metropolitan Sewer District									
B. Facility Name and Location					C. Facility Owner/Mailing Address				
Facility Location Name:					Owner Name:				
Lake of the Woods STP					Metropolitan Sewer District				
Facility Location Address (i.e. street, road, etc.):					Mailing Street:				
11006 Walbridge Court					700 West Liberty Street				
Facility Location City, State, Zip Code:					Mailing City, State, Zip Code:				
Louisville, Kentucky 40299					Louisville, Kentucky 40203				
					Telephone Number: (502) 564-6000				

II. FACILITY DESCRIPTION

A. Provide a brief description of activities, products, etc: Residential & Commercial Wastewater Treatment (non-industry); Publicly owned treatment Works

B. Standard Industrial Classification (SIC) Code and Description

Principal SIC Code & Description:	6552; Land Subdivision & Land Development		
Other SIC Codes:	4952; Sewage Treatment Fac.		

III. FACILITY LOCATION

A. Attach a U.S. Geological Survey 7 1/2 minute quadrangle map for the site. (See instructions)	
B. County where facility is located: Jefferson	City where facility is located (if applicable): Louisville
C. Body of water receiving discharge: Unnamed tributary to Chenoweth Run at mile point 3.08	
D. Facility Site Latitude (degrees, minutes, seconds): 38° 09' 55"	Facility Site Longitude (degrees, minutes, seconds): 85° 45' 13"
E. Method used to obtain latitude & longitude (see instructions): USGS Topographic Map	
F. Facility Dun and Bradstreet Number (DUNS #) (if applicable):	

IV. OWNER/OPERATOR INFORMATION**A. Type of Ownership:**

☒ Publicly Owned ☐ Privately Owned ☐ State Owned ☐ Both Public and Private Owned ☐ Federally owned

B. Operator Contact Information (See instructions)

Name of Treatment Plant Operator:

Beverly Alexander

Telephone Number:

(502) 239-7695

Operator Mailing Address (Street):

8405 Cedar Creek Road

Operator Mailing Address (City, State, Zip Code):

Louisville, Kentucky 40291

Is the operator also the owner?

Yes ☐No ☒

Is the operator certified? If yes, list certification class and number below.

Yes ☒No ☐

Certification Class:

I

Certification Number:

6780

V. EXISTING ENVIRONMENTAL PERMITS

Current NPDES Number:

KY0044342

Issue Date of Current Permit:

March 1, 2005

Expiration Date of Current Permit:

February 29, 2008

Number of Times Permit Reissued:

Date of Original Permit Issuance:

Sludge Disposal Permit Number:

Kentucky DOW Operational Permit #:

Kentucky DSMRE Permit Number(s):

C. Which of the following additional environmental permit/registration categories will also apply to this facility?

CATEGORY	EXISTING PERMIT WITH NO.	PERMIT NEEDED WITH PLANNED APPLICATION DATE
Air Emission Source	N/A	N/A
Solid or Special Waste	N/A	N/A
Hazardous Waste - Registration or Permit	N/A	N/A

VI. DISCHARGE MONITORING REPORTS (DMRs)

KPDES permit holders are required to submit DMRs to the Division of Water on a regular schedule (as defined by the KPDES permit). The information in this section serves to specifically identify the department, office or individual you designate as responsible for submitting DMR forms to the Division of Water.

A. Name of department, office or official submitting DMRs:		Dennis Thomasson
B. Address where DMR forms are to be sent. (Complete only if address is different from mailing address in Section I.)		
DMR Mailing Name:	Cedar Creek Wastewater Plant	
DMR Mailing Street:	8405 Cedar Creek Rd	
DMR Mailing City, State, Zip Code:	Louisville, Kentucky 40211	
DMR Official Telephone Number:	(502) 239-7695	

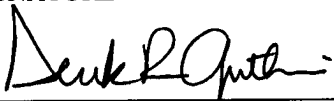
VII. APPLICATION FILING FEE

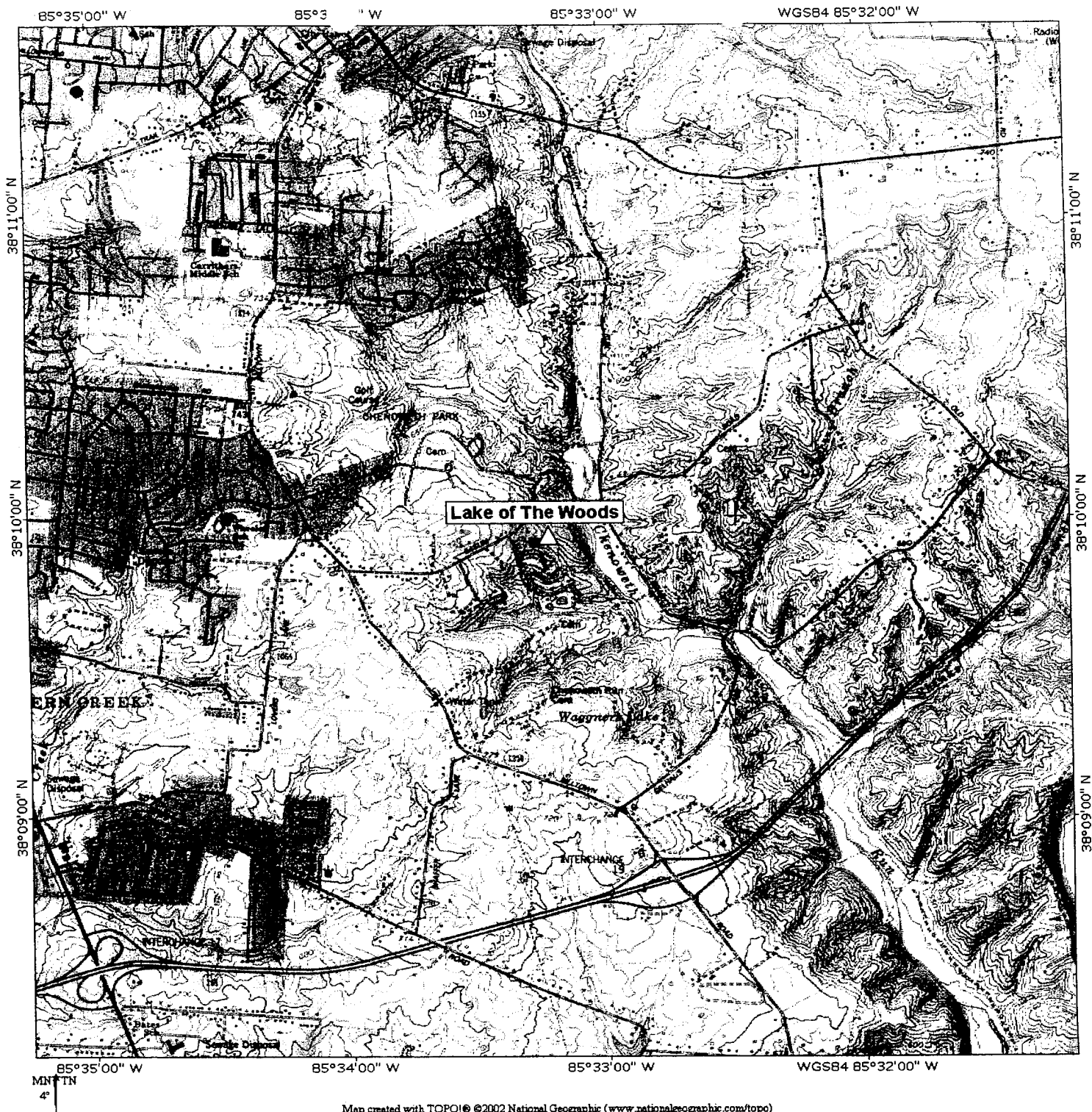
KPDES regulations require that a permit applicant pay an application filing fee equal to twenty percent of the permit base fee. Please examine the base and filing fees listed below and in the Form 1 instructions and enclose a check payable to "Kentucky State Treasurer" for the appropriate amount. Descriptions of the base fee amounts are given in the "General Instructions."

Facility Fee Category:	Filing Fee Enclosed:
Public Owned Treatment Works (No Fee Due)	N/A

VIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr Executive Director	(502) 540-6000
SIGNATURE	DATE:
 for HJ Schardein, Jr.	08.23.07



Map created with TOPO!® ©2002 National Geographic (www.nationalgeographic.com/topo)



■ Treatment Plant ▲ Discharge Point

JEFFERSONTOWN, KY.

15' QUADRANGLE
7.5 MINUTE SERIES (TOPOGRAPHIC)

LAKE OF THE WOODS

CAPACITY 0.044 MGD

LATITUDE			LONGITUDE		
DEGREES	MINUTES	SECONDS	DEGREES	MINUTES	SECONDS
38	09	55	85	33	13

Louisville and Jefferson County Metropolitan Sewer District - West Maintenance
700 West Liberty Street Louisville, Kentucky 40203-1911 502-540-6000 www.msdlouky.org

KPDES FORM 1 -- INSTRUCTIONS

Listed below are explanations of select Form 1 questions. If further information is needed concerning any question, please **contact Division of Water, KPDES Branch at (502) 564-3410.**

I. Facility Location and Contact Information

- A. Use the official or legal name of the business, company, municipality, etc. requesting permit.
- B. The facility name should be the name by which the facility is commonly known and/or uniquely identified. The information given as the facility name and location address should be the actual location of the facility (i.e. road name, highway number, not the P O Box address).
- C. The facility owner/contact address should be the legal permittee of record and is the address where correspondence regarding the application, permit, etc. for the facility will be sent unless otherwise indicated.

II. Facility Description

- A. Briefly describe the nature of the business and the activities being conducted that require a KPDES permit.
- B. The SIC codes are numbers and descriptions of activities classified by the Executive Office of the President, Office of Management and Budget. These are found in the 1987 Edition of the Standard Industrial Classification (SIC) Manual. List the SIC codes(s) that best describe the products or services provided by the facility in descending order of importance. If an SIC code book is not available, please describe in detail the nature of the business and activities conducted so that an appropriate code can be assigned.

III. Facility Location

- A. Attach a U.S. Geological Survey (USGS), 7 1/2 minute topographic quadrangle map(s) extending at least one mile beyond the property boundary of the discharge source. Depict or mark the facility and each of its intake and discharge structures. Also mark the locations of those wells, springs, surface water bodies, and drinking water wells listed in public records or otherwise known to the applicant within one-quarter mile of the facility property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone: (859) 257-3896.
- B. List the county and, if applicable, city where facility is located.
- C. List the body of water receiving discharge.
- D. List the latitude and longitude for the facility site. The latitude/longitude reading for the site should be taken at the influent to the wastewater treatment plant, if applicable.
- E. List the method used to obtain the latitude and longitude (i.e. topo map coordinates, GPS reading, etc.)
- F. List the facility's Dun and Bradstreet Number if applicable.

IV. Owner/Operator Information

- A. Place a check in the applicable type ownership as listed.
- B. These sections must be completed by **all municipal and sanitary wastewater applicants** and other facilities as applicable.
 - List the name and address of the person who operates the sewage treatment plant.
 - Indicate if the operator is also the owner.
 - The operator must be currently certified with the Division of Water. For information concerning those requirements, contact: Division of Water, Certification Section, at (502) 564-3410.
 - List the Operator's Certification Class and Certification Number.

V. List any existing environmental permits which the facility has or will be applying for.

VI. List the address where Discharge Monitoring Report (DMR) forms are to be mailed.

VII. Application Filing Fee

The payment of a filing fee as listed below must accompany the application for a KPDES Permit. **(Your check must be made payable to "Kentucky State Treasurer.")** This fee will be applied toward the final discharge permit fee. The filing fee is not refundable if the application is withdrawn or the permit is denied. Listed below are the facility categories, associated base fees, and application filing fees. (See the "General Instructions" for definitions of facility categories.)

Facility Category	Base Fee	Application Filing Fee
Major Industry	\$3,200	\$640
Minor Industry	\$2,100	\$420
Non-Process Industry	\$1,000	\$200
Large Non-POTW	\$1,700	\$340
Intermediate Non-POTW	\$1,500	\$300
Small Non-POTW	\$1,000	\$200
Agriculture	\$1,200	\$240
Surface Mining Operation	\$1,200	\$240
501(c)(3)	\$100	\$20

If this application is for a new project, see the General Instructions for the applicable Construction Permit fee.

A permit application cannot be processed unless the application filing fee and (if applicable) construction permit fee is enclosed.

Make your check payable to "Kentucky State Treasurer."

VIII. Certification

The permit application must be signed as follows:

Corporation: by a principal executive officer of at least the level of vice president.

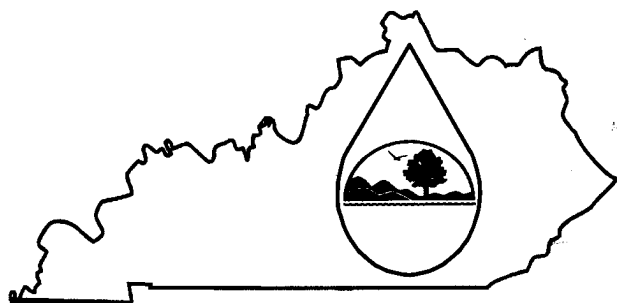
Partnership or sole proprietorship: by a general partner or the proprietor respectively.

Municipality, state, federal, or other public agency: by either a principal executive officer or ranking elected official.

KPDES FORM SC

KENTUCKY POLLUTANT DISCHARGE ELIMINATION SYSTEM

PERMIT APPLICATION



A complete application consists of this form and Form 1.
For additional information, contact: KPDES Branch, (502) 564-3410.

NAME OF FACILITY: Lake of the Woods STP							
I. FACILITY DISCHARGE FREQUENCY				AGENCY USE			
A. Do discharge(s) occur all year? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (Complete Item IX for intermittent discharges.)							
B. How many days per week?				7			
II. A. Give the basis of design for sizing of the wastewater facility (see instructions): Residential Connections: 111 Commercial Connections: 0 Industrial Connections: 0							
B. If new discharger, indicate anticipated discharge date:							
C. Indicate the design capacity of the treatment system:				0.044 MGD			

III. Outfall Location (see instructions)

Outfall (list)	LATITUDE			LONGITUDE			RECEIVING WATER (name)
	Degrees	Minutes	Seconds	Degrees	Minutes	Seconds	
001	38	09	55	85	33	13	Unnamed tributary to Chenoweth Run at mile pt 3.08
Method used to obtain latitude/longitude (i.e. GPS unit, USGS topographic map coordinates, etc.)				USGS topographic map			

IV. FLOWS, SOURCES OF POLLUTION, AND TREATMENT TECHNOLOGIES (see instructions)				
If wastewater other than domestic or sanitary is listed, complete page 4 in addition to page 1 and 2.				
OUTFALL NO. (list)	OPERATION(S) CONTRIBUTING FLOW		TREATMENT	
	Operation (list)	Avg/Design Flow (include units)	List treatment components	List Codes from Table SC-1
001	Sanitary Wastewater	0.032/0.044	Aerated Lagoon	1-T
		0.032/0.044	Disinfection Chlorine	2-F
		0.032/0.044	Dechlorination	2-E
		0.032/0.044	Discharge	4-A

V. Check the type(s) of wastewater discharged.

- ☒ Domestic (60% or more sanitary sewage)
 ☐ Oil field waste
☐ Noncontact cooling water
 ☐ Other (list):

VI. Does all water used at facility (except for human consumption) flow to a treatment plant? ☒ Yes ☐ No

VII. Discharge to other than surface waters. Check appropriate location:

- ☐ Publicly-owned lake or impoundment Name of lake:
☐ Publicly-owned treatment works (POTW). Name of POTW:
☐ Land application of Effluent
☐ Surface injection (Check term and identify on map) ☐ lateral field; ☐ sinkhole; ☐ sinking stream; ☐ deep well
☐ Closed Circuit (Check appropriate term) ☐ Holding tank; ☐ Mechanical evaporation; ☐ Waste impoundment

VIII. Check the metals present in the discharge if applicable and indicate the quantity discharged per year. (Indicate units).

<input type="checkbox"/>	Antimony	N/A
<input type="checkbox"/>	Arsenic	N/A
<input type="checkbox"/>	Beryllium	N/A
<input type="checkbox"/>	Cadmium	N/A
<input type="checkbox"/>	Chromium	N/A

<input type="checkbox"/>	Copper	N/A
<input type="checkbox"/>	Lead	N/A
<input type="checkbox"/>	Mercury	N/A
<input type="checkbox"/>	Nickel	N/A
<input type="checkbox"/>	Selenium	N/A

<input type="checkbox"/>	Silver	N/A
<input type="checkbox"/>	Thallium	N/A
<input type="checkbox"/>	Zinc	N/A
<input type="checkbox"/>		
<input type="checkbox"/>		

IX. INTERMITTENT DISCHARGES (Complete this section for intermittent discharges.)

A. Number of bypass points:	0	(If bypass points are indicated, information below must be completed for each bypass.)
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Check when bypass occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of bypass incidents	per year	per year
Give average duration of bypass	hours	hours
Give average volume per incident	1,000 gallons	1,000 gallons
Give reason why bypass occurs:		

B. Number of Overflow Points: 0 (If discharge is from an overflow point, the information below must be completed.)

Check when overflow occurs:	<input type="checkbox"/> Wet Weather	<input type="checkbox"/> Dry Weather
Give the number of overflow incidents:	per year	per year
Give average duration of overflow:	hours	hours
Give average volume per incident:	1,000 gallons	1,000 gallons

C. Number of seasonal discharge points	0
Give the number of times discharge occurs per year	
Give the average volume per discharge occurrence	(1,000 gallons)
Give the average duration of each discharge	(days)
List month(s) when the discharge occurs	

X. AREA SERVED (see instructions)

NAME	ACTUAL POPULATION SERVED
Residential Connections	111
Commercial Connections	0
Industrial Connections	0
TOTAL POPULATION SERVED	111 Connections

XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS N/A		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS (Note NA listed below, testing for the pollutant(s) is not appropriate for effluent(s)) Not required on last Permit (DMRs)			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅ (CBOD ₅)	18 mg/l	5.65 mg/l	51
TOTAL SUSPENDED SOLIDS	41 mg/l	10.1 mg/l	52
FECAL COLIFORM	450 (#/100 ml)	18.1 (#/100 ml)	53
TOTAL RESIDUAL CHLORINE	<0.01 mg/l		25
OIL AND GREASE	NA	NA	
CHEMICAL OXYGEN DEMAND	NA	NA	
TOTAL ORGANIC CARBON	NA	NA	
AMMONIA	8.52 mg/l	1.59 mg/l	53
DISCHARGE FLOW	0.228 MGD	0.032 MGD	continuous
PH	7.2 SU	6.2 SU (minimum)	25
TEMPERATURE (WINTER)	taken with pH not recorded	not required on DMRs	
TEMPERATURE (SUMMER)	taken with pH not recorded	not required on DMRs	

B. Frequency and duration of flow:	Continuous
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XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print):	TELEPHONE NUMBER (area code and number):
Herbert J. Schardein, Jr. Executive Director	(502) 540-6000
SIGNATURE	DATE

(PLEASE COMPLETE THIS PAGE IF OTHER THAN DOMESTIC WASTEWATER IS DISCHARGED)

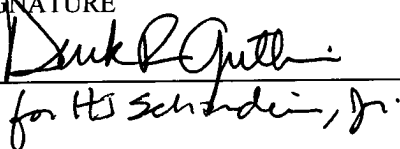
XI. COOLING WATER ADDITIVES AND THEIR COMPOSITIONS N/A		
Additive	Composition	Concentration (mg/l)

XII. EFFLUENT CHARACTERISTICS N/A			
A. Indicate results of analysis for pollutants listed below.			
POLLUTANT/PARAMETER	MAX DAILY VALUE	AVG DAILY VALUE	NUMBER OF SAMPLES
BOD ₅			
TOTAL SUSPENDED SOLIDS			
FECAL COLIFORM			
TOTAL RESIDUAL CHLORINE			
OIL AND GREASE			
CHEMICAL OXYGEN DEMAND			
TOTAL ORGANIC CARBON			
AMMONIA			
DISCHARGE FLOW			
PH			
TEMPERATURE (WINTER)			
TEMPERATURE (SUMMER)			

B. Frequency and duration of flow:	
------------------------------------	--

XIII. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME AND OFFICIAL TITLE (type or print): Herbert J. Schardein, Jr. Executive Director	TELEPHONE NUMBER (area code and number): (502) 540-6000
SIGNATURE  for HJ Schardein, Jr.	DATE 08.23.07

KPDES Permit Application Attachments

Lake of the Woods KY0044342 REPORTED DISCHARGE AND EXISTING LIMITS SUMMARY

Description of Discharge - Outfall Number 001 - Wastewater Treatment Plant (Effluent Requirements)

Effluent Characteristics	Reported Discharge			Existing Limits		Applicable Water Quality Criteria and/or Effluent Guidelines
	<u>Average Annual Value</u>	<u>Lowest Monthly Value</u>	<u>Highest Monthly Value</u>	<u>Monthly Average</u>	<u>Weekly Average</u>	
Flow, MGD (Design Flow = 0.044 MGD)	0.032	0.006	0.228	Report	Report	401 KAR 5:065, Section 2(8)
CBOD ₅ (mg/l)	5.65	1	18	30	60	401 KAR 5:031, Section 4
						401 KAR 5:045, Sections 3 and 5
TSS (mg/l)	10.1	1	41	30	60	401 KAR 5:045, Section 3
Fecal Coliform (#/100 ml)	18.1	1	450	200	400	401 KAR 5:031, Section 7
						401 KAR 5:045, Section 4
						401 KAR 5:080, Section 1(2)(c)2
Ammonia (as mg/l N),						
	Summer	1.59	0.05	8.52	4	8
	Winter				10	20
						401 KAR 5:031, Section 4
Dissolved Oxygen (mg/l)	N/R	7.0	N/R	Not less than 7		401 KAR 5:031, Section 4
						401 KAR 5:045, Section 3
pH, standard units	N/R	6.2	7.2	6.0 (min)	9.0 (max)	401 KAR 5:031, Section 4
						401 KAR 5:045, Section 3
Total Residual Chlorine, mg/l	N/R	N/R	0.01	0.011	0.019*	401 KAR 5:031, Section 4
Total Phosphorus (as mg/l P)	2.22	1.53	3.45	Report	Report	401 KAR 5:065, Section 2(8)

Receiving Water Use Classification:

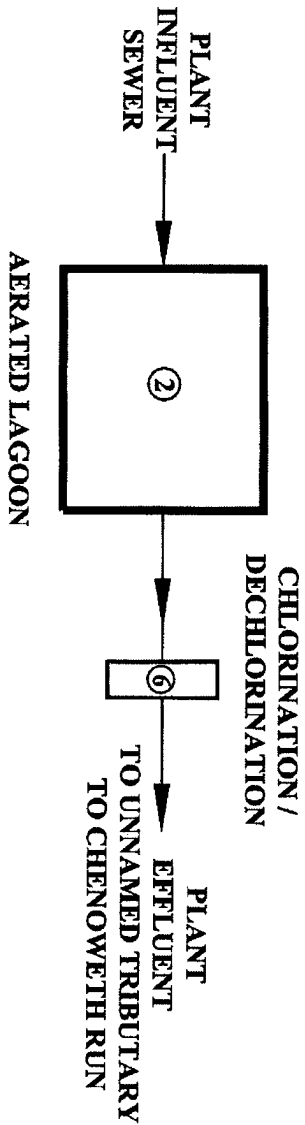
Chenoweth Run (Mile 0.0 - 5.2) is listed on Kentucky's 2006 Draft 303(d) list of impaired for partial support of aquatic life and non support for Primary Contact Recreation use. Pollutants of concern are Pathogens, and Nutrient/Eutrophication Biological Indicators. Sources are landfills; municipal (urbanized high density area); municipal point source discharges; package plant or other permitted small flows discharges; livestock (grazing or feeding operations); unspecified urban stormwater. Lake of the Woods STP is meeting its KPDES permit requirements and should not contribute to additional degradation. MSD has identified a potential interceptor project (Billtown Rd Pump Station, Force Main & Interceptor Sanitary Sewer Project) that will allow the Lake of the Woods STP to be eliminated along with an additional interceptor project and send flow to the Cedar Creek wastewater treatment plant. This project is in the current five (5) year capital plan with an estimated elimination of Lake of the Woods pending completion of the Billtown Rd Pump St., Force Main & Interceptor Project and related project.

Reported Discharge values were compiled from DMR data, starting with March 2003 - July 2007.

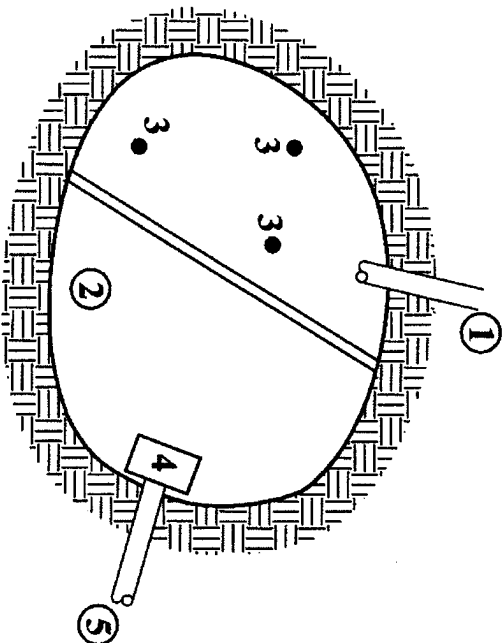
The abbreviation N/R means Not Reported

The abbreviation CBOD₅ means Carbonaceous Biochemical Oxygen Demand (5-day).

* Daily Max



PROCESS FLOW DIAGRAM



- LEGEND**
- Wastewater Flow
1. Influent
 2. Aerated Lagoon
 3. Surface Aerators
 4. Chlorine Contact Tank
 5. Effluent

MSD
 Louisville and Jefferson County
 Metropolitan Sewer District
 700 West Liberty Street
 Louisville, Kentucky 40203-1913

WTP Site Key Map

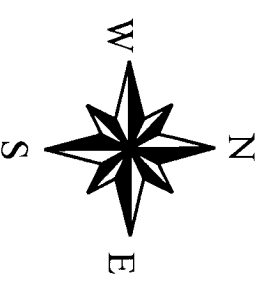
**LAKE OF THE WOODS WTP
 PROCESS FLOW PLAN**
 KPDES #: KY 0044342

Scale = None Drawn By: JDL Date: 10/24/06

Lake of the Woods STP



- ★ Sample Locations
- Sewernd
- ▲ Sewer
- ▬ Drainage Lines
- ▬ Channels
- ▬ Pipes
- ▲ Treatment Plants
- Text Street Names
- ▬ Streams





MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

October 30, 2007

Division of Water, KPDES Branch
ATTN: Ms. Sara Beard
14 Reilly Road, Frankfort Office Park
Frankfort, Kentucky 40601

Subject: Application Form SC Section XII KPDES No. KY0044342
Lake of the Woods Subdivision Wastewater Treatment Plant

Dear Ms. Beard:

Enclosed is the completed Section XII of Form SC for Lake of the Woods Wastewater Treatment Plant KPDES permit KY0044342. MSD request that Division of Water waive the requirements to test for Oil & Grease, Chemical Oxygen Demand, and Total Organic Carbon. Based on the influent wastewater received at this facility testing for these pollutants is not appropriate for the effluent. Temperature is taken during the sampling of pH but is not recorded on Discharge Monitoring Reports. During the reissuance of the permit for Lake of the Woods MSD will implement procedures to capture winter and summer temperature readings.

If you have any questions please contact me at (502) 540-6980 or at talley@msdlouky.org.

Sincerely,

Daymond M. Talley
Regulatory Engineer

DMT/dmt

cc:	D. Guthrie	A. Akridge
	D. Thomasson	D. Talley
	J. Porter	M. Jenkins
	R. Shaw (eB)	



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com



MSD

Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville Kentucky 40203-1911
502-540-6000
www.msdlouky.org

August 23, 2007

AUG 28 2007

Vickie L. Prather, Acting Supervisor
Division of Water
Inventory and Data Management Section
KPDES Branch
14 Reilly Road
Frankfort, Kentucky 40601

Subject: Renewal Application KPDES No. KY0044342
Lake of the Woods Wastewater Treatment Plant

Dear Ms. Prather:

Enclosed are the completed applications (Form 1 and Form SC) for the renewal of Lake of the Woods Wastewater Treatment Plant KPDES permit KY0044342.

If you have any questions please contact Daymond Talley at (502) 540-6980 or at talley@msdlouky.org.

Sincerely,

for Herbert J. Schardein, Jr.
Executive Director

HJS/dmt

cc:	D. Guthrie	A. Akridge
	D. Thomasson	D. Talley
	J. Porter	M. Jenkins
	R. Shaw (eB)	



Beneficial Use of Louisville's Biosolids
www.louisvillegreen.com



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET

DEPARTMENT FOR ENVIRONMENTAL PROTECTION

DIVISION OF WATER

14 REILLY ROAD

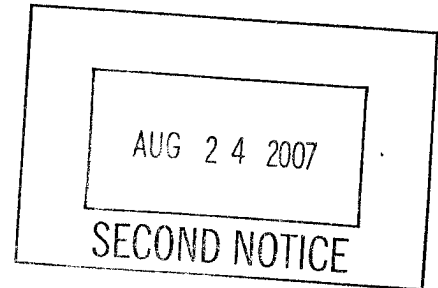
FRANKFORT, KENTUCKY 40601

www.kentucky.gov

TERESA J. HILL
SECRETARY

July 30, 2007

Mr. Daymond Talley
Lou/Jefferson Co. MSD
700 West Liberty Street



RE: KPDES No. KY0044342
Lake of The Woods Subdivision
Jefferson County, Kentucky

Dear Mr. Talley:

Our records indicate that your Kentucky Pollutant Discharge Elimination System (KPDES) permit is due to expire on February 29, 2008. According to the KPDES Regulation 401 KAR 5:060, "any person with a currently effective permit shall submit a new application at least 180 days before the expiration of the existing permit..." **The due date for your permit renewal application is September 5, 2007.**

Please complete the enclosed application forms and return to the KPDES Branch, Division of Water, at the above address by the indicated due date. Applications received after the due date are in violation of 401 KAR 5:060, Section 1, which could result in enforcement action being taken.

If you have any questions regarding the completion of these forms, please contact me at (502) 564-8158, extension 470, or Ann Workman at extension 528.

Sincerely,

for

Vickie L. Prather, Acting Supervisor
Inventory and Data Management Section
KPDES Branch
Division of Water

VLP:ASW:asw

Enclosures

C: Louisville Regional Office
Division of Water Files



ERNIE FLETCHER
GOVERNOR

ENVIRONMENTAL AND PUBLIC PROTECTION CABINET
DEPARTMENT FOR ENVIRONMENTAL PROTECTION
DIVISION OF WATER
14 REILLY ROAD
FRANKFORT, KENTUCKY 40601-1190
www.kentucky.gov

TERESA J. HILL
SECRETARY

November 29, 2007

Daymond Talley
Louisville and Jefferson County Metropolitan Sewer District
700 West Liberty Street
Louisville, KY 40203

Re: KPDES Application Complete
KPDES No.: KY00443432
Lake of the Woods Subdivision WWTP
AI ID: 2109
Activity ID: APE20070002
Jefferson County, Kentucky

Dear Mr. Talley,

Your revised Kentucky Pollutant Discharge Elimination System (KPDES) permit application for the above-referenced facility was received by the Division of Water on November 2, 2007. A completeness review of your permit application has been conducted. Please be aware that you may be asked to provide additional information to clarify, modify, or supplement your application material. In accordance with 401 KAR 5:075, Section 1(7) you are being provided written notification that your application has been deemed complete as of the date of this letter.

If you have any questions concerning this matter, please call me at (502) 564-8158, extension 590.

Sincerely,

Sara Beard
Environmental Engineer Assistant III
KPDES Branch
Division of Water

SJB
Enclosures
c: Louisville Regional Office
Division of Water Files